

BOWDITCH (H.I.)

ANNUAL ADDRESS

IN

STATE MEDICINE AND PUBLIC HYGIENE.

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Dr. I. H.

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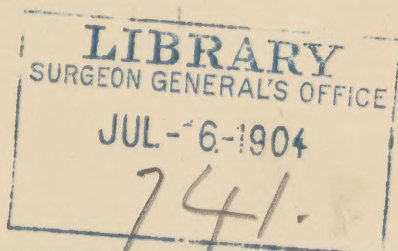
BY

HENRY I. BOWDITCH, M.D.,

OF MASSACHUSETTS.

EXTRACTED FROM THE

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ANNUAL ADDRESS IN STATE MEDICINE AND PUBLIC HYGIENE.

MR. PRESIDENT AND GENTLEMEN :—

According to the strict letter of our law I should prepare and read before you a "paper on the advances and discoveries made in public hygiene during the past year." I shall not do so, and in extenuation of my fault, if such it be deemed, I plead, 1st, that, in the discussion of the subject selected, I shall meet, to a certain degree at least, the requirements of the rule; and, 2d, in thus varying from a strict interpretation of the law, I am following the example of predecessors in office.

I propose for our deliberations:—

"The Future Health Council of the Nation."

I use the epithet "*future*" emphatically and with a definite purpose, for I think that any attempt to establish a National Council until there are State Boards of Health in every State, will not only be premature but positively prejudicial to the very object which I trust we all would wish to gain by the establishment of a council, which will be an honor to our country, and the peer of any which may hereafter be inaugurated in Europe. Very much remains to be done on both sides of the Atlantic before we can hope for the attainment of this end.

PREVIOUS ACTION ON THIS SUBJECT BY THIS ASSOCIATION.

In 1871, Dr. Logan prepared resolutions, and they were adopted by the Association, embodying, among others, the following idea, viz.: 1st. That, when six States "shall establish by law State Boards of Health, initial steps be taken for the formation of a

National Health Council. 2d. That said Council shall be auxiliary to this Association, and constitute a special Section on Hygiene."

In 1872, a report was made upon these resolutions, and the committee asked to be continued. In the report, suggestions were again made to appeal to the Government to establish a department of health to be connected with the Government but under the surveillance of this Association.

The appeal to the Government was objected to by the Association, but the committee was continued as a special Section on State Medicine and Public Hygiene. (*Trans. Am. Med. Assoc.* 1872, p. 51, and 1873, pp. 29 and 30, also p. 408.)

In 1873, Dr. A. N. Bell offered a vote on the establishment of a National Sanitary Bureau. It was referred to the Committee on Hygiene. (*Trans.* 1873, p. 51.) At the same meeting Dr. Howard of Baltimore, from a special committee, reported a new organization of this Association, providing for a Section on State Medicine. This puts the Section on this subject under the same rules as those guiding other sections. (*Trans.* p. 28 *et seq.* 1873.)

In 1874, the project of appealing to Congress was again urged in the Section on State Medicine, and a resolution was passed to that effect by that Section. A committee was appointed to report, at the meeting of the Section this year, a bill for the purpose of establishing a National Department of Public Health at Washington.

It will thus be seen that this Association has wisely declined, as yet, to make any appeal to the National Government for this object; although the subject has been discussed freely in the Section, and at times at the meetings of the whole body of the Association.

IMPORTANCE OF THE SUBJECT, AND OF ITS BEING THOROUGHLY DISCUSSED.

We must all admit that only by fair, manly reasoning and steady work, not by frantic appeals to patriotism or to rapid and imperfect talk or work, can we gain a broad and firm basis on which a National Council can rest. So important do I deem this preliminary discussion and work in order that we may start rightly on any plan, that I would willingly devote years, if necessary, to the thorough discussion of it before attempting to organize a National undertaking. This business of governmental attention to

the public health is to be one of the great labors of the coming centuries in all civilized countries, and a properly devised plan for these United States, after ample consideration, is therefore all-important.

OPINIONS OF MY COLLEAGUES UPON THE SUBJECT OF STATE AND NATIONAL BOARDS OF HEALTH.

I sent a circular letter to each one of them. I desired to get their opinions upon the character of any future National Health Council which might be established, and when it should be established. I likewise wished to learn what had been done and was doing in each State in regard to the establishment of State Boards of Health. I considered the latter question as really fundamental in the inquiry relative to the former.

IMPERFECT RETURNS, AND REMARKS THEREUPON.

Including Massachusetts, the circular was sent to 36 States and Territories. From 28 have I received replies.¹ But six virtually gave no response, one circular being returned from the Dead Letter Office; another correspondent had moved from the State; a third was ill; two felt unqualified to give any opinion; and the sixth informed me of professional difficulties, in his State, but gave no response to my questions. Twenty-two have more or less definitely replied.

One word here *en passant*. Are we really in a fit condition for a National Health Council, especially one to be under the guidance of this Association, as some have earnestly argued, when so many correspondents, all appointed at our last meeting as men *especially* interested in Public Hygiene in the different States, fail to respond to a very few simple questions requiring only a certain amount of reflection and scarcely an iota of solid work?

VARIOUS OPINIONS AS TO THE ESTABLISHMENT OF A HEALTH COUNCIL FOR THE NATION.

Of twenty-two correspondents, seventeen have answered with various degrees of earnestness for, or of indifference to, the project

¹ See Appendix A., Names of Correspondents.

of a National Health Council. These answers afford striking evidence of the indecision of the profession of the country as to our ability to establish such an organization at present.

Six are enthusiastically in favor of proceeding immediately, and of pressing forthwith the matter on the notice of Congress. One gentleman in his abundant zeal advances views which few of us, I think, would entertain as a whole, although we might agree to some of his details. He says that a Health Department of the National Government "would be *more* important than the Judiciary—that it could send a journal of health to every family in the Union—that all the people would consent willingly and without a dissenting voice to be taxed for its support!" and the writer adds that he "will, if wished, present working plans for such an institution." Another wisely says that such a bureau "would save millions of money." Another claims that a letter is too brief for details, "but let us have forthwith a convention and debate." One thinks that a National Board should be established in order to stimulate the formation of State and Municipal Boards. Others deem the subject very important, but they wish to wait until State Boards are formed. Another speaks of it as one of the greatest objects we can strive for—and says that it would do honor to the age and the country; in all of which I fully agree, provided that, after a thoroughly matured plan is made, it be commenced and carried on wisely. No amount of praise or of almost Utopian hope would I object to, provided that I could be sure of these preliminaries.

DOUBT OR OPPOSITION TO THE SAME PROJECT.

Five are doubtful of success, and their reasons are a "fear that political intrigue will settle the choice of health officers;" one says that "private self-seeking will destroy all good effects;" another that "men will seek the office not for the public weal, but for private pecuniary gain;" still a fourth fears that the General Health Department would interfere with and override State and Municipal organizations, which the writer thinks "would be a nuisance;" and the fifth is "afraid of the difficulty of arranging and getting good men, so that now certainly he would not be in favor."

Finally, one sees no need for the Council, because we have two

already, viz., "this Section of the American Medical Association and the Public Health Association."

WHAT A NATIONAL HEALTH COUNCIL SHOULD BE, ACCORDING TO
THE OPINIONS OF MY COLLEAGUES.

These opinions may be classified as follows:—

1st. *Scientific Labor*.—The Council could not have too high an aim. It should study scientifically and carefully all the laws of health; the connection of meteorology with disease; vital statistics; and the facts of preventable disease. The causes of great epidemics should be investigated. It should employ experts to examine various endemic influences as exhibited under the different climates and places in our country.

2d. *Practical Work*.—The Council should collect all facts bearing on health, and draw together the facts made known by the various local boards, arrange and collect them.

3d. *Diffusion of Knowledge*.—It should publish reports, but only those which are real advances in public hygiene. It should have no long, voluminous documents compiled by means of the scissors or from one's own consciousness—papers not founded on fact. It should spread a knowledge of the rules of health generally, and of special diseases, as fevers, cholera, etc., and how they are to be avoided, etc. etc.

4th. *Advisory*.—The Board could suggest to Congress and the various States, laws in reference to health; quarantine; "for the prevention of prostitutes from China and elsewhere;" for drainage and the arrangement of public lands, thereby fitting them to be healthy abodes for future residents thereon.

WHEN, ACCORDING TO MY CORRESPONDENTS, SHOULD SUCH A
COUNCIL BE ESTABLISHED?

Of seventeen answers obtained to this question, only two are for immediate action; three wish for it as soon as practicable. The remainder (twelve) advise more or less delay. Six of these twelve would wait until State Boards are generally established by legislative action.

DATA FROM MY CORRESPONDENTS ON THE ESTABLISHMENT OF STATE
BOARDS OF HEALTH IN THE VARIOUS STATES OF THIS UNION.

A knowledge of how many States had Boards of Health, or whether any efforts had been made to establish them, and their precise organization where legally established, I deemed of vital importance to the solution of the question of establishing a National Council. Accordingly I asked for information on these points. Only eight States (California, Georgia, Maryland, Michigan, Minnesota, Massachusetts, and Virginia) have been reported to me as having State Boards of Health. From other, and as I think accurate sources, I learn that Louisiana has one. Sixteen correspondents reply in the negative (Arkansas, Connecticut, Delaware, Kentucky, Mississippi, Missouri, Nebraska, New Jersey, New Hampshire, Ohio, Rhode Island, South Carolina, Texas, West Virginia, Wisconsin, and Vermont). *Five* of these (Nebraska, Ohio, Texas, New Jersey, and Vermont) are trying to induce their Legislatures to establish Boards. *Three* have already made ineffectual efforts (Kentucky, New Hampshire, South Carolina), and finally *five* (Mississippi, Missouri, Rhode Island, West Virginia, and Wisconsin) have never tried to establish one. In other words, of all these United States, only eight have State Boards of Health, while twenty-eight have nothing of the kind.

HOW ARE THE STATE BOARDS, ALREADY ESTABLISHED, COMPOSED,
AND SHOULD THOSE HEREAFTER ESTABLISHED CONSIST OF
PHYSICIANS SOLELY OR OF PHYSICIANS WITH THE LAITY?

Of the six States from which I have definite information on this matter, three (Georgia, Michigan, and Massachusetts) have a mingling of the two; the others are composed of physicians only. Allow me, in this connection, to refer very briefly to my own experience. *A priori*, I should have objected to the admission of the laity. The composition of the Massachusetts Board was decided upon by the Legislature after a plan laid down by a very accomplished sanitarian, a layman, twenty-five years ago. But the practical working of the plan in our Board has been so entirely satisfactory and there has been so much harmony, and yet diversity of opinions introduced by the combination of professional and lay members, that I am now a strenuous advocate of that combination.¹

¹ See Appendix B, Sanitary Legislation of Massachusetts.

Having now given the chief results of my colleagues' answers upon these subjects, I propose to lay before you my own views, not a few of which are also those of various correspondents, of what should be the nature of

THE FUTURE HEALTH COUNCIL OF THE NATION.

Our country has an immense territory; extending over one hundred degrees of longitude, viz., from 65th (Maine) to the 165th (Alaska), by forty-five degrees of latitude, viz., 60th (Alaska) to 25th (Florida and Texas). It has its Atlantic and Pacific shores, and corresponding eastern and western mountain slopes. It has its vast internal valleys of the Mississippi and of the Utah countries; beside many smaller ones. It has lofty mountains where man is subjected to a rarefied, dry, bracing, and cool air. It has also its lowlands, with the warm, genial, moist, and, at times, close atmosphere of the tropics. It has fertile prairies and fields, and wide, arid plains. It has vast morasses and lagoons. All these various portions of our territory must eventually be brought under the dominion of the scientific thought and action of man. In the past and at the present time, over this immense tract of country hecatombs of human beings, as you are well aware, are annually sacrificed from ignorance of hygienic laws or from the wilful or ignorant neglect of government to take those precautions which, even with our present imperfect knowledge of public hygiene, could be taken.

To bring all this under the surveillance of a Sanitary Board or a Minister of Health is not the work of a moment. This most important object cannot be attained by any rapid descent upon Congress with petitions, while it is wholly ignorant of public hygiene, and still less by any frantic appeals to the patriotism of the people.

A cautious self-control, and persistent work for years will be needed, before we can hope to get a proper body capable of coping with this vast subject. Our profession itself, as well as the nation, must grow up to the idea. Simply to aid in this great work, but without a thought that I shall for many years, nor in my lifetime even, see such a Board, I propose the following plan derived almost entirely, in its general details, from one wrought out many years since by that deep thinker, Jeremy Bentham, of England. In the 9th volume of his works, chap. 9, sec. x., under the general heading of "The Constitutional Code," he lays out with great detail all

the different departments of a State government, and he devotes much space to a Health Department.

He would have a Minister of Health, co-ordinate with all the other officers in various departments of state, of law, of war, and of treasury, etc.

Our institutions require that we should have a SECRETARY OF HEALTH, a member of the cabinet, and the peer of all the other secretaries. He should be paid equally with them; and be all powerful, so far as health is concerned, in his own special department, but advisory in his powers when coming in contact with other departments. For example, in connection with the Secretary of the Treasury he should manage so far as health is concerned all hospitals, insane asylums, places of education, forts and camps belonging to the nation. He should have charge of all national medical storehouses, stores and apparatus, and have a right to destroy or otherwise remove all medicines or other things that have become useless. He should have a careful oversight of the water supply of the nation and endeavor to prevent its contamination or loss. He should investigate carefully all malarial districts and see if, by some national plan, land under water or occasionally exposed might not be reclaimed. The bills of mortality of the entire nation should be under his eye, so that he could tell where death was more common, and investigate the special causes of disease and death. He should sanitarily have control of a department of the Census. National pathological and physiological museums should be undertaken by him with *herbaria* of medicinal drugs, and he should establish a medical library. He should endeavor to keep a high standard of professional acquirements, and for that purpose should institute an examination for medical degrees indicating the highest culture; which examination should be made by boards of examiners composed of physicians and surgeons specially selected from every part of the Union, men known by all to be of the highest professional attainments. He should be a man capable of setting other workers into full activity on special investigations which would contribute to the public weal. He should, after studying the relative salubrity of particular regions and learning of their endemic diseases, give information thereof, so that those suffering from various diseases may learn where to go and what places to avoid in order to be comparatively well.

I should hope and believe that after several years of observation and accurate recording of the apparent origin and progress

of epidemics under certain meteorological conditions, he might be able to foretell to a certain State or portion of the country, when and where probably such scourges would attack them, and if any method be known to science whereby such maladies may be avoided or relieved, he would be able and willing to give notice, somewhat as now the Signal Service of the nation gives cautionary signals to our seamen on the Atlantic and Pacific coasts and on the great lakes.

A statesman-like man, able to grasp all these points and many more that might be named, besides a vast number that will inevitably arise every year, and to successfully meet them, should possess no common mind. He would need the strongest and clearest intellect combined with quick perceptive powers. He would need also a power of recognizing the qualities of men, as he will have to bring into harmonious action with himself, for one common benign object, the idiosyncrasies which are so marked in the various parts of our country. Finally, to vivify and co-ordinate all his powers, he should be earnestly in love with the work to which he is specially called, and not have a too anxious care for the funds that are to come to his pocket, from the place he holds. Above all, the Secretary should never be selected as a political hack, and for pay for political services rendered.

Among the duties that would naturally devolve upon such a Secretary of Health are several now connected with the office of the Surgeon-General of the United States Army and Navy. It is certainly desirable that one officer should have the control of all these matters. But as the civil and military and naval departments are guided by separate heads, though subordinate to one chief, I see no reason why the Secretary of Health, while supervising all departments, should not have under-secretaries, among whom would be legitimately the Surgeon-General of the Army and Navy, and the other, one of similar rank in connection with civil life. By this arrangement, there would be no interference with the general plans now adopted in the Surgeon-General's department, and which arrangements are above all praise, reflecting the greatest credit not only on all those upon whom these high duties have devolved, but upon the entire nation, whose grand representatives they are.

But what could one man, even with the most powerful intellect and most self-sacrificing zeal, do without a body of co-laborers and assistants all over the country, and by means of whom he

could communicate instantly not only with any State but any portion of a State? And this brings us to a second part of the plan which I propose for your discussion, and which seems demanded by the very nature of our government, which consists of separate, independent States, united under a common head, with limited powers. It is plain that the Health Secretary will need the assistance of a body of representative men coming from every State in this Union; or, in other words,

A HEALTH COUNCIL CHOSEN BY INDIVIDUAL STATES.

I have thought much upon the best method of gathering such a Council, and would submit the following as, perhaps, a feasible one. Two of my colleagues of this Section suggest a similar arrangement:—

1st. Each State should be represented by one man.

2d. Such representative should be selected by those supposed to be best qualified for the task, viz., either by the State Medical Society or, what I should prefer, the State Board of Health. Any citizen of the Commonwealth, either a physician or layman, might be selected, provided he be an eminent representative of sanitary science, or some other branch of human learning that would aid a Nation's Health Council. Such a person, when nominated, should not be a Councillor until accepted by the Governor of the State; and, after receiving the proper credentials as such from the Executive. I am greatly encouraged to submit this plan because, even while writing it for publication to you, I received a letter from my colleague, Dr. Nottingham, of Georgia, informing me that Georgia has just established a Board of Health, and submitting to me his views, which are virtually my own, in reference to a National Council. I hail with delight this proof of renewed fraternal sympathy, mutual labor, and support between Georgia and Massachusetts. If every State should have a Councillor, and all should be present at any meeting, the body would be always sufficiently small for purposes of debate. Some of them at least would be able men. Each Councillor should hold office for five years, and could be re-elected. In addition to these State Councillors I would suggest that this Association should select, every five years, four men as Councillors at large from the nation. They should represent, so far as is possible, four great divisions of the country. Each man should serve for five years, provided that, if

for any reason a vacancy should occur, the American Medical Association, at its annual meeting, should choose another to fill out the unexpired term.

Finally, the National Government should be represented in the Council by the Health Secretary, the Surgeon-General of the Army and Navy, and Chief Signal Officer. It would be important to have all of these officers connected with the Council, and with seats provided for them at the meeting, so that they might be able to answer questions, etc., submitted to them by the Council.

This plan apparently takes from this Association a portion of the power which some members claim as its right—to nominate the entire National Council. But I reply that, 1st, by this plan the Association still stands higher than any single State in having four representatives.

2d. It seems to me that all reasonable persons must admit that a delegate from each State, and chosen by the representatives of the State, would enable the body of Councillors more properly to represent the various sections of the country, and, moreover, be more in accordance with our institutions than its opposite, which would put all into the hands of any one central power, which fact, in politics at least, we all justly dread.

The fact of the constant change of place of meeting of the American Medical Association must necessarily compel it at all its meetings to be more or less sectional in its action, however much it may claim and may really desire to be a national body. At its general meetings it has never represented, and it never can fitly represent, every part of the Union. The most distant portions cannot induce delegates to attend, whereas those parts nearest to the place of meeting send their full complement of delegates.

FUNCTIONS OF THE COUNCIL.

It should have advisory powers simply. It should meet every year, and after selecting its Chairman should inform the Health Secretary that it is ready to receive communications from him. That officer would thereafter have a seat at the meeting, and he would lay before it a document upon the whole subject of the National Health, its actual condition, whether any parts of the country are particularly liable to disease, or, if it has suffered from any severe trials from the prevalence of disease, the facts should be given. Past work should be touched upon, and proposals for

future labors brought forward. In truth, any and all things tending to prevent the Nation's ill-health or to promote its good health, should be considered legitimate objects for discussion in such a paper. Above all, I should hope that annually the Secretary would propose to the members certain definite, compact, and easily answered questions for investigation, to be carried out in their respective States. These at times might, apparently, be of little value and should be so prepared as to cause as little trouble as possible to each Councillor. Nevertheless, if honestly and faithfully pursued and answered over the whole nation, these questions might be of invaluable service not only to this country but possibly to the entire world, because the observations would relate to so large a space of the world's surface.

The first subject for discussion by the Council should be this communication from the Secretary. Its separate parts might be referred to special committees, subsequently to be reported upon. Other subjects for discussion might be brought up in the Council, and the Council should have the power to direct the Secretary to carry on any investigations it might deem proper.

TIME, PLACE, AND DURATION OF MEETINGS.

The first week in January seems a time not inappropriate, and the place, Washington, D.C., whilst it continues the seat of Government. I would limit the session from the first Tuesday until Friday inclusive of that week.

Such are the general outlines of a plan which seems feasible, if we will only persistently keep the subject of Public Hygiene before the people of the different States, and at a *future* time appeal to the National Government.

EXPENSES OF THE COUNCIL.

Upon this point it will be well for this Association to take the highest ground. No reasonable amount of money paid out of the national exchequer would be misspent upon such a Council when it comes fairly into operation; therefore we should demand of Congress—

1st. A Secretary of Health with a salary equal to that given to any of the Secretaries connected with the Cabinet.

2d. A Council to meet annually, as above suggested, or other-

wise as may hereafter be thought best, each member of which should be paid mileage and travelling expenses, and a *per diem* allowance during the actual session at the Capital equal to what is now or may be hereafter paid to members of Congress. I deem this payment just: 1st. Because it is right that men should be paid for labor performed and time spent in the Nation's service; and 2d. Because by no other means can we hope to have really a National Council.

The roll should be called at each session, and any one absent without valid excuse should forfeit his *per diem* salary.

WHAT CAN THIS ASSOCIATION DO NOW, AND IN THE FUTURE, TOWARDS CREATING SUCH A PUBLIC OPINION THAT THIS OR SOME OTHER NATIONAL HEALTH COUNCIL MUST BE EVENTUALLY ESTABLISHED?

This Association should immediately inaugurate a system of measures tending to two objects, both of which, according to our previous course of argument, are necessary before such a council can be established.

1st. By publication of our object in all the States of this Union, we should endeavor to educate public opinion to the point necessary for its establishment, but from which point we are far enough, save in particular States, at the present time.

2d. I hope that this Association will direct its President and the Permanent Secretary, annually, in the name of this Association, to urge the importance of State Boards of Health upon the consideration of the Legislatures of every State where no such Boards have been by law established. A direct appeal should be made to the Governor of such State requesting, if he should deem such a course consistent with his public duty, to lay the subject before the Legislature of his State.

3d. I trust that the Association will direct the Secretary, annually, to report the names of those States which have no State Boards of Health. When the whole number of the States or a great majority of them have established such Boards, then, and not till then, this Association should begin to act upon Congress by petition and otherwise looking towards the appointment of a Secretary of Health. It may be a question, whether we should endeavor to get a Council at the same time, or wait until the necessity for such a Board should become so absolutely evident that its creation would

be an easy matter. Without a public opinion, better than we have at present in the different States, sustaining such a Council, the attempt to establish it, as I have already stated, would be vain.

In order to bring these questions fully before the Association, I append two resolutions which I would earnestly urge you to adopt.

Resolved, That each year, until otherwise ordered, the President elect and the Permanent Secretary be directed to appeal in the name of this Association to the authorities of each State where no State Board of Health exists, urging them to establish such a Board.

Resolved, That the Permanent Secretary is hereby directed to report annually the names of the States where Boards exist, and also of those which decline to establish them; said report to form part of the annual proceedings of the Association.

APPENDIX A.

NAMES OF CORRESPONDENTS.

Letters have been received from the following members of the Section, and to them the Chairman desires to express his sincere thanks for the assistance they have afforded him in the preparation of the preceding report.

Drs. Baker of Michigan, Bell of New York, Caball of Virginia, Catlin of Connecticut, Field of Iowa, Fitch of Maine, Frissell of West Virginia, Howard of Maryland, Hunt of New Jersey, Irwin of Ohio, Jackson of Kentucky, Dean of Missouri, Kinlock of South Carolina, Linthicum of Arkansas, Logan of California, Nottingham of Georgia, Parsons of New Hampshire, Peabody of Nebraska, Pollock of Pennsylvania, Smythe of Mississippi, Snow of Rhode Island, Strong of Wisconsin, Stuart of Minnesota, Wallace (aided by Drs. Lewis and East) of Texas, Woodward of Vermont.

APPENDIX B.

SANITARY LEGISLATION IN MASSACHUSETTS FOR THE LAST QUARTER OF A CENTURY, AND SOME OF THE OPERATIONS OF THE STATE BOARD OF HEALTH.

The history of the efforts and final success in establishing a State Board of Health in Massachusetts, I present as an evidence of the difficulties and ultimate success that will probably be met with in other States.

Twenty-five years ago, a report of the "Sanitary Commission" of Massachusetts was published by State authority. It was chiefly written by a layman, Lemuel Shattuck, Esq., a most eminent sanitarian of that day. It is an admirable and exhaustive examination of what the State had done in the past. It gave detailed plans and suggestions as to what it was incumbent on the State still further to do. Many of its pages will apply to any State at the present day. Among other recommendations it suggested the appointment of a State Board of Health. It demanded that Board on similar grounds to those taken when establishing a State Board of Education, viz., the public weal. As I read it now after the lapse of a quarter of a century since it was written and presented to the Legislature, I wonder at the wisdom of its suggestions and learn much from them. I wonder also at the fatuity of repeated legislatures who, year after year, steadily refused to listen to petitions from the Massachusetts Medical Society and others for the establishment of a State Board of Health. The recommendations of the commission as to the constitution of such a Board are excellent, viz., that it should contain "two physicians; one counselor at law; one chemist or natural philosopher; one civil engineer, and two persons of other professions or occupation"—*i. e.* seven persons—two of them only being physicians, should constitute it.

The present Massachusetts Board of Health, established June 21st, 1869, consists of three physicians; one counsellor at law; one civil engineer; one wholesale leather dealer; one literary writer; all of them are practical, active, business men. That is, after nineteen years of struggle to get the Board and under many refusals of the Legislature, we gained our end and have a Board the majority of whom are laymen.

But our practical experience of the working of such a combination of material convinces us that our lay majority tends *only* to good. It makes the Board broader in its views. It prevents too great a technical and professional bias; and often brings up sanitary measures of great value to the community. Of course, on all matters essentially medical, great deference is paid and always will be paid to the opinions of Physicians of the Board.

Another recommendation of that Commission is, that a secretary should be appointed who should devote his whole time to the object, and be suitably paid for it. This too has been followed out, and although the law does not absolutely forbid the secretary from engaging in practice, it is virtually so, because the frequent calls at his office and the necessity for journeying to inspect the sanitary condition of various towns, etc. prevent any really extensive professional practice. He has a salary of \$2500. Others of the Board are not paid, save actual expenses while on office business.

Since its establishment, the Legislature has annually allowed us five thousand dollars for necessary expenses, in addition to the Secretary's salary. We have rarely spent to that amount. I was recently conversing, in relation to this appropriation, with the Democratic leader of the house, and by whose active energy the Board was finally brought into existence. He expressed the opinion that the improvement in the health of the operatives in a large manufacturing establishment in his vicinity, resulting from sanitary regulations offered in one of the papers by Dr. Derby, our late Secretary, had more than repaid, even in his portion of the State, for all the appropriations hitherto made in support of the Board.

Immediately after our appointment on the Board, we sent out circulars to most of the Town Boards of Health or to the Selectmen asking them to nominate some physician of each town as our correspondent. This put us into very agreeable relations with the local Boards, which have been retained ever since. When one of these correspondents dies or leaves the town, we now usually choose for ourselves a man whom we know to be *reliable* to take the vacant place. The position of correspondent of the Board is by some considered an honor. By no one has it been refused. Of course there are great differences among them. To have obtained all equally able and willing correspondents is perhaps more than could be expected of any unpaid corps of assistants in any department of civil life. From these correspondents we, at times, ask special investigations of local nuisances, and then we pay them for

their extra services. We learn from them much in regard to the "health of towns."

Recently, at the suggestion and under the direction of Dr. F. W. Draper, as "Registrar," the State has been districted and weekly reports of prevalent diseases have been published in the medical and daily journals, in connection with the mortality reports. These may possibly be eventually with advantage compared with the daily reports of the Signal Officers of the Massachusetts stations.

I mention these facts not as presenting anything of importance as actually done, but to indicate the general direction in which our labors have chiefly been hitherto; and in the hope that to other minds some of these methods may seem appropriate for other States. Still more do I hope that they may suggest better and more comprehensive plans which can be worked out elsewhere and also in Massachusetts. Moreover, it has seemed to me to be well to give the statement of the many years of application, and of frequent refusals by the Legislature to attend to our petitions, and of our final success, in order to warn and encourage all workers in States where no Boards now exist. If new Boards are ever to be formed therein, the advocates must make up their minds for one or two and perhaps more rebuffs. No notice must be taken of this opposition, but let petitioners go to the Legislature annually or at least every few years persistently until the end shall be obtained. There can be no doubt of that success, because, hereafter, governments will have to see to the health of the people as much as it does now to its education.

Another and final reason for these details is the hope that they will induce my professional associates throughout the Union to endeavor to get an infusion of the laity into their future Boards, for I am sure from our experience that only pleasant and profitable results will follow from that co-operation.

